

## Survey of Mammography Facilities

**Summary:**

Survey completed? Yes \_\_\_\_\_ Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions:** This survey is part of a study being conducted by **[insert surveillance institution]** breast cancer surveillance program, in cooperation with the American College of Radiology. It takes less than 15 minutes to complete. I will read the questions to you (either over the telephone or in person). Please indicate the response that best describes your mammography facility.

**Instructions for interviewers:**

- 1) Please indicate the person(s) providing the specific information to each question using the alphabetic code below. You may circle more than one for each question.

**T =** Technologist-Lead Mammography

**O =** Other Technologist [e.g., non-mammogram Department Chief Technologist]

**R =** Radiologist

**B =** Business manager- Radiology Dept. or Facility

**S =** Surveillance research office- Information previously established by site's

Other: Specify \_\_\_\_\_

- 2) If the responder declines to answer a question, please note this in the margins beside the corresponding question in handwriting using one of the following codes. Please ask multiple individuals before resorting to these codes.

**Unk=** Unknown

**DTR=** Declined to respond

## Survey of Mammography Facilities

**Instructions:** This survey is part of a study being conducted by [insert surveillance institution] breast cancer surveillance program, in cooperation with the American College of Radiology. After you have read over the questions, it takes about 15 minutes to complete. I will read the questions to you (either over the telephone or in person). Please indicate the response that best describes your mammography facility.

### Instructions for interviewers:

- Please indicate the person(s) providing the specific information to each question using the alphabetic code below. You may circle more than one for each question.

**T =** Technologist-Lead Mammography

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Other: Specify \_\_\_\_\_

**Source Code**  
(Circle all that apply)

1. What is the zip code for this facility's physical location: \_ \_ \_ \_ \_

T O R B S

Other \_\_\_\_\_

2. Is this facility associated with an academic medical center?

T O R B S

☐ No

☐ Yes →

Other \_\_\_\_\_

**If yes:** Are there fellows/residents reading mammograms at your facility?

☐ No

☐ Yes

3. Please describe your mammography facility. I will read a list; state **Yes** or **No** if your facility...

T O R B S

Other \_\_\_\_\_

Yes No

☐ ☐ Is located in a hospital

☐ ☐ Is located in a public health clinic

☐ ☐ Has a Mobile van (% of screening mammograms done at your facility using the mobile mammography van(s)?) \_\_\_\_\_

☐ ☐ Is clinic or office-based (non-hospital)? →

**If clinic or office-based, is it...**

☐ Radiologist owned?

☐ Non-radiologists owned?

☐ A women's health center?

☐ ☐ Other (please describe): \_\_\_\_\_

**FINAL**

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4. Please indicate which best describes your mammography facility. I will read a list; check all that apply to your facility. T O R B S  
Other \_\_\_\_\_

- ☐ Radiology practice
- ☐ Screening and diagnostic services available on site
  - ☐ Only screening mammograms available
  - ☐ In office with other medical/surgical specialties
- ☐ Primary care – medicine, family medicine
- ☐ Public health clinic
- ☐ Obstetrics and gynecology
- ☐ Other surgery
- ☐ Multi-specialty breast center
- ☐ Other (please describe): \_\_\_\_\_

5. Please describe the imaging services offered at your facility. I will read a list; state **Yes** or **No** if this service is provided. T O R B S  
Other \_\_\_\_\_

Yes No

- ☐ ☐ Screening Mammography
- ☐ ☐ Diagnostic Mammography
- ☐ ☐ Breast Ultrasound
- ☐ ☐ Breast CT
- ☐ ☐ Breast MRI
- ☐ ☐ Breast nuclear medicine scans
- ☐ ☐ Ductography
- ☐ ☐ Other: \_\_\_\_\_

6. Do you have digital mammography machines? T O R B S  
Other \_\_\_\_\_
- ☐ No (If no, go to question #7)
- ☐ Yes, if yes... →

- a. Are your digital mammography machines...
- ☐ Spot (i.e., digital biopsy units)
  - ☐ Full field
- b. How many of your radiologists are certified for digital mammography? \_\_\_\_\_
- c. What digital equipment do you have?
- Make \_\_\_\_\_ Model \_\_\_\_\_
- Year manufactured \_\_\_\_\_

7. Are clinical breast exams (CBE) done routinely for women getting a *screening* mammogram? T O R B S  
Other \_\_\_\_\_

- ☐ No (If no, go to question #8)
- ☐ Yes, if yes... →
- a. Please estimate the percentage of women getting screening mammograms who get a CBE \_\_\_\_%
- b. Does the radiologist know the results of the CBE when they interpret the mammogram?
- ☐ No, never
  - ☐ Yes, some of the time (What percentage? \_\_\_\_%)
  - ☐ Yes, all of the time

**FINAL**

Study ID: \_\_\_\_\_ T O R B S

8. Please describe the interventional breast procedures performed at this facility.

☐ None- no interventional breast procedures offered (**If none**, go to question #9)

Other \_\_\_\_\_

Yes No

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="radio"/> <input type="radio"/> FNA                    | If yes: <input type="radio"/> Stereo-guided | <input type="radio"/> US guided |
| <input type="radio"/> <input type="radio"/> Core Biopsy            | If yes: <input type="radio"/> Stereo-guided | <input type="radio"/> US guided |
| <input type="radio"/> <input type="radio"/> Vacuum Assisted Biopsy | If yes: <input type="radio"/> Stereo-guided | <input type="radio"/> US guided |
| <input type="radio"/> <input type="radio"/> Cyst Aspirations       | If yes: <input type="radio"/> Stereo-guided | <input type="radio"/> US guided |
| <input type="radio"/> <input type="radio"/> Needle Localization    | If yes: <input type="radio"/> Stereo-guided | <input type="radio"/> US guided |
| <input type="radio"/> <input type="radio"/> Other: _____           |   |                                 |

9. What hospital or private pathology lab(s) do you use for your biopsy interpretation?

T O R B S

Other \_\_\_\_\_

**Now I am going to ask you about screening mammograms:**

10. What was the average waiting time (in 2001) to schedule a *screening* mammogram at this facility?

T O R B S

Other \_\_\_\_\_

\_\_\_\_\_ # of work days (**or** \_\_\_\_\_ # of weeks)

11. What percent of the *screening* mammograms done at your facility are interpreted at another facility? \_\_\_\_\_%

T O R B S

Other \_\_\_\_\_

12. What percent of *screening* mammograms are interpreted:

T O R B S

a. As they are done, one (or less than ten) at a time: \_\_\_\_\_%

Other \_\_\_\_\_

b. In groups (batches) of 10 or more at a time? \_\_\_\_\_%

**Total = 100%**

How many are in a typical batch?

- ☐ 10 –24  
☐ 25 – 49  
☐ ≥ 50

13. Do women receiving *screening* mammograms at your facility wait until the mammograms are interpreted by the radiologist before they leave?

T O R B S

Other \_\_\_\_\_

☐ No, never

☐ Yes, some of the time (What percent? \_\_\_\_\_%)

☐ Yes, all of the time

**Now I am going to ask you about diagnostic imaging and procedures:**

14. What was the average waiting time (in 2001) to schedule a *diagnostic* mammogram at this facility?

T O R B S

Other \_\_\_\_\_

\_\_\_\_\_ # of work days **or** \_\_\_\_\_ # of weeks \_\_\_\_\_ Not applicable (e.g., don't do diagnostic mammograms)

15. What percent of women at your facility have immediate diagnostic work-up done on the same day as the abnormal screening mammogram? \_\_\_\_\_%

T O R B S

Other \_\_\_\_\_

16. What percent of the *diagnostic* mammograms done at your facility are interpreted on-site: \_\_\_\_\_%

T O R B S

Other \_\_\_\_\_

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Study ID: \_\_\_\_\_

17. Do women receiving *diagnostic* mammograms at your facility wait until the mammograms are interpreted by the radiologist before they leave? T O R B S  
Other \_\_\_\_\_
- ☐ No, never
- ☐ Yes, some of the time (What percent? \_\_\_\_\_%)
- ☐ Yes, all of the time
18. Do you use computer-assisted diagnosis (CAD) technology (i.e. R2)? T O R B S  
Other \_\_\_\_\_
- ☐ No
- ☐ Yes →
- If yes:** How do you use it?

☐ For all screening mammograms

☐ For a subset of screening mammograms (please estimate %): \_\_\_\_\_

☐ Other: \_\_\_\_\_
19. How concerned do you think the majority of your patients are when they are recalled for immediate additional imaging after getting a screening mammogram? T O R B S  
Other \_\_\_\_\_
- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very
- ☐ Extremely

**Now I am going to ask you about mammography machines and technologists:**

20. How many MQSA (Mammography Quality Standards Act) certified mammography machines are currently being used at this facility? \_\_\_\_\_ T O R B S  
Other \_\_\_\_\_
- 21 a. At this time, how many MQSA certified mammography technologists work at your facility? Please provide # of FTE (full time equivalents, i.e., 40 hr/wk) \_\_\_\_\_ T O R B S  
Other \_\_\_\_\_
- b. Do you have any open technologist positions you are trying to fill at this time?
- ☐ No, none
- ☐ Yes, one
- ☐ Yes, two or more
- c. Has it been difficult to maintain adequate MQSA certified mammography technologists staff at your facility?
- ☐ Not at all difficult
- ☐ Somewhat difficult
- ☐ Moderately difficult
- ☐ Extremely difficult

**Now I am going to ask you about radiologists:**

22. a. How many radiologists work in breast imaging at your facility? \_\_\_\_\_ T O R B S
- b. How many of them interpret mammograms full-time (i.e., 40hr/wk)? \_\_\_\_\_ Other \_\_\_\_\_
- c. How many of them interpret less than full, but at least half time (i.e.,  $\leq 20$ hr/wk)? \_\_\_\_\_
- d. How many of your radiologists are fellowship trained in breast imaging?
- Number fellowship trained \_\_\_\_\_

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23. Has the number of radiologists performing mammography at your facility changed in the past year? T O R B S  
Other \_\_\_\_\_

- ☐ No change
- ☐ Yes, we increased the number of FTE radiologists for mammography
- ☐ Yes, we decreased the number of FTE radiologists for mammography

24. We are currently short staffed (i.e. not enough radiologists)? T O R B S  
Other \_\_\_\_\_

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

**Now I am going to ask you about finances:**

25. I am going to read a list of ways that women may have paid for *screening* mammograms in 2001. Please estimate what percent of women seen for *screening* mammograms had their primary source of reimbursement covered by the following in 2001 **(Note: This must add up to 100%)** T O R B S  
Other \_\_\_\_\_

What percent were covered by:

- a. HMO/Managed Care..... %
- b. General insurance/fee-for service..... %
- c. Medicare/Medicaid..... %
- d. Out of pocket..... %
- e. Other –specify \_\_\_\_\_ %

**Total =100%**

26. Please estimate what percent of women seen for *diagnostic mammograms* in 2001 were covered by the same payment categories... **(Note: This must add up to 100%)** T O R B S  
Other \_\_\_\_\_

What percent were covered by:

- a. HMO/Managed Care..... %
- b. General insurance/fee-for service..... %
- c. Medicare/Medicaid..... %
- d. Out of pocket..... %
- e. Other –specify \_\_\_\_\_ %

**Total =100%**

27. Is your mammography facility for-profit or not-for-profit? T O R B S  
Other \_\_\_\_\_

**(PLEASE MAKE SURE TO COMPLETE THIS ANSWER)**

- ☐ For-profit
- ☐ Not-for-profit

28. What is the ownership status of this mammography facility:

Other \_\_\_\_\_

☐ Federal/State

☐ Private

☐ Other: \_\_\_\_\_

**If private**, is this facility physician owned?

☐ No, (**If no**, go to question #29)

☐ Yes

↓ **If yes**

**If physician owned**, do any of the physician owners interpret mammograms or perform breast procedures at this facility?

☐ No

☐ Yes

29. Please describe the financial and administrative status of your facility.

T O R B S

☐ Single, financially independent mammography facility

Other \_\_\_\_\_

☐ Member of a consortium of mammography/imaging facilities  
(How many: \_\_\_\_\_)

☐ Member of a large medical complex/facility

30. Do you feel that your facility has fiscal market competition from other mammography facilities in the area?

T O R B S

Other \_\_\_\_\_

☐ No competition

☐ Some competition

☐ Moderate competition

☐ Extreme competition

31. What does your facility charge self-pay patients (uninsured) for *screening* mammograms (please include both the facility and radiologist fees)?

T O R B S

Other \_\_\_\_\_

Facility fee \$ \_\_\_\_\_

Radiologist professional fee + \$ \_\_\_\_\_

**Total fee (Fac. + Rad.)** = \$ \_\_\_\_\_

32. What does your facility charge self-pay patients (uninsured) for *diagnostic* mammograms (please give both the facility and radiologist fees)?

T O R B S

Other \_\_\_\_\_

Facility fee \$ \_\_\_\_\_

Radiologist professional fee + \$ \_\_\_\_\_

**Total fee (Fac. + Rad.)** = \$ \_\_\_\_\_

33. What does your facility charge self-pay patients (uninsured) for stereotactic core biopsies (please make the estimate all inclusive: facility, biopsy kit, radiologist and pathologist fees)? Total \$ \_\_\_\_\_

T O R B S

Other \_\_\_\_\_

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34. Do you feel that interpreting screening mammograms is a “money loser” for your facility? T O R B S  
Other \_\_\_\_\_
- ☐ Strongly Disagree  
☐ Disagree  
☐ Neutral  
☐ Agree  
☐ Strongly Agree
35. Is it in the best interest financially for your facility to change the volume of any of the following in the coming year (2002)? T O R B S  
Other \_\_\_\_\_
- a. *Screening* mammograms ☐ Do more ☐ Stay the same ☐ Do less ☐ N/A
- b. *Diagnostic* mammograms ☐ Do more ☐ Stay the same ☐ Do less ☐ N/A
- c. Other breast imaging (e.g., ultrasounds, MRI) ☐ Do more ☐ Stay the same ☐ Do less ☐ N/A
- d. Breast biopsies ☐ Do more ☐ Stay the same ☐ Do less ☐ N/A
- e. Other: \_\_\_\_\_
36. Are there plans to change the volume of mammography done at your facility in the coming year (2002)? T O R B S  
Other \_\_\_\_\_
- ☐ No change anticipated  
☐ Yes, we plan to increase mammography  
☐ Yes, we plan to decrease mammography

**Now I am going to ask you about malpractice concerns and quality control issues.**

37. Please indicate whether you agree with the following statement. I am concerned about the impact medical malpractice is having on how we practice mammography? T O R B S  
Other \_\_\_\_\_
- ☐ Not concerned  
☐ Some concern  
☐ Moderately concerned  
☐ Neutral  
☐ Very concerned
38. How have medical malpractice concerns influenced follow-up procedures recommended at your facility following screening mammograms? T O R B S  
Other \_\_\_\_\_
- |                                    | Greatly Decreased | Moderately Decreased | Not Changed | Moderately Increased | Greatly Increased |
|------------------------------------|-------------------|----------------------|-------------|----------------------|-------------------|
| A. Diagnostic mammogram/ultrasound | 1                 | 2                    | 3           | 4                    | 5                 |
| B. Breast biopsy                   | 1                 | 2                    | 3           | 4                    | 5                 |
39. For the *screening* mammograms performed at your facility, what percent are interpreted by radiologist(s) who specialize in breast care (e.g. >50% of clinical time is spent on breast imaging and procedures)? \_\_\_\_\_% T O R B S  
Other \_\_\_\_\_



40. Are any *screening* mammograms from your facility interpreted by more than one radiologist? (**Comment: Please clarify, one mammogram read by two radiologist**)

T O R B S  
Other \_\_\_\_\_

- ☐ No (If no, skip to question #41)  
☐ Yes



**If Yes**

a. Which ones are double read

- ☐ All screens (i.e. 100% of all screening mammograms)  
☐ All positives only  
☐ All negatives only  
☐ Other subset: what subset  
    ☐ Women with dense breasts  
    ☐ Random subset (please estimate % \_\_\_\_\_)  
    ☐ Other: \_\_\_\_\_  
☐ Other

T O R B S  
Other \_\_\_\_\_

b. Does the 2<sup>nd</sup> radiologist know the interpretation of the first radiologist, when doing the second interpretation?

- ☐ No (note: the 2<sup>nd</sup> radiologist is "blinded" to the 1<sup>st</sup> radiologist's interpretation)  
☐ Yes  
☐ Sometimes  
(explain) \_\_\_\_\_

T O R B S  
Other \_\_\_\_\_

c. How are recall decisions made when double reading is used?

- ☐ By consensus between the two radiologists  
☐ The second radiologist's interpretation is considered "final"  
☐ A third radiologist makes the decision (note: the 3<sup>rd</sup> reader is unaware of first two interpretations)  
☐ A third radiologist in consensus with the first two (note: 3<sup>rd</sup> reader is aware of first two interpretations)  
☐ The highest (i.e. most serious) BI-RADS™ interpretation is taken as the final decision  
☐ Other: \_\_\_\_\_

T O R B S  
Other \_\_\_\_\_

d. Do you record all interpretations given for multiple interpretations?

- ☐ No  
☐ Yes

T O R B S  
Other \_\_\_\_\_

41. Are any *diagnostic* mammograms from your facility interpreted by more than one radiologist? (**Comment: Please clarify, one mammogram read by two radiologist**)

T O R B S  
Other \_\_\_\_\_

- ☐ No, never  
☐ Yes, some of the time (please estimate % \_\_\_\_\_)  
☐ Yes, all of the time

**FINAL**

Study ID: \_\_\_\_ T O R B S

42. How often is individual radiologist level data given back to radiologists on their performance (e.g., accuracy and recall rates)? \_\_\_\_\_ Times per year  
Other \_\_\_\_\_

a. What specifically does the report contain (check all that apply)?

- ☐ # Of screening mammograms interpreted
- ☐ # Of diagnostic mammograms interpreted
- ☐ # Of ultrasounds performed
- ☐ # Of cancers diagnosed
- ☐ Sensitivity
- ☐ Specificity
- ☐ Recall rate

b. How is this information reviewed (check all that apply)

- ☐ Reviewed together in radiologist only meeting
- ☐ Reviewed together in department or facility-wide meeting
- ☐ Reviewed by each radiologist alone
- ☐ Reviewed by the facility/department manager alone
- ☐ Other: \_\_\_\_\_

43. Do you have a computer based radiology information system that keeps track of your patients and the mammography assessments and recommendations? T O R B S  
Other \_\_\_\_\_

☐ No

☐ Yes, **if yes...** —————>

- a. What year was this started? \_\_\_\_\_

b. Does this system automatically link the assessment to the recommended follow-up?

  - ☐ No
  - ☐ Yes

***Thank you for your participation!***